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	" ISTRUCTIONS, SEE BACK OF FORM OSURE SUMMARY PAGE	i		Mas Am
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CANDIDATE COMMITTEES ONLY: Candidate Name	Political Party (Kapplicul	ato)	Logged IdS Scanned	
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	5/5-4/9-53 TELEPHONE	<u> </u>	Oct 15	GNED
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YES W NO

X

CASH ON HAND at the end of this reporting period (If final report builtings must be zero)

**UMPAID BILL& (From Schodsle D - Attach Schodule D).....

"IN KIND CONTRIBUTIONS (From Schedule E - Albeh Schedule E)..... -OUTSTANDING LOANS (From Schedule F - Altern Schedule F)....

CONSULTANT BREAKDOWN (Schedule & Attached?)

CANDINATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Atlach Schedule H)

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

EXPENDITURES	MONEY:	SPENT FROM (:OMMITTEE	ACCOUNT
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STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IDWA ETHICS & CAMPAIGN DISCLOSURE HOARD.

H (Rev. 07/03)	MONETARY EXPENDITURES
CHEC AME	CK THIS BOX IF NOING FORM

COMMITTE	EE NAME (Must be	same as on Statument of Organization)	<u> </u>	1	
RINGO		Republican ContRAL			
DATE EXPENDED (MM/DDYR)	CANDIDATE ID NUMBER (If applicable)	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PUR	POSE RANSACTION)	AMOUNT EXPENDED
07/16/10	1D# CK# /0/0	RINGGIOLD CO. Fair MT. AYR, IA	Boom	Rental	\$20.00
4/07/10	, , , , , , , , , ,	Republie & PARTY. O+: Towa Desmoines TA	FREEDOM	Dhner	375.00
,	ID# CK#				
	10#		-		
	СК#				
	ID#				
	СК#	1			
	10#	7.7.7			-
	СК#	1			
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	CK#	ļ	İ		
	ID#				-
	CK#		İ	1	
				SUR-TOTAL	\$395.00
			TOTAL (If Inst page	of this schedule)	\$ 345.00

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONL'

Purchases of centals campaign property costing \$500 or more must also be inventorised on Schedule H. (Refer to Schedule Hastractions.)

Expenditures to percens/entities providing consulting, advertising, fund-raising, policies, naturaging, organizing convices must also be detail femized on Schoolyle G by the amount, purpose, and date of each type of expenditure must be percentently on behalf of the candidate's committee. (Refer to Schoolyle G Instructions and lower Code 68A,402(3)(i).)

Pape ______ of ____

(tor Schedule f)

For instructions, See Back of Form

CONTRIBUTIONS - MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same	as on Statement of	of Organization)	· · · · · · · · · · · · · · · · · · ·
MINGGOLD	Co. R	epublican	CENTRAL	Comm

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	V IF FOR FUND- RAISER INCOME
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	CK#				
Abunatan	ID#				
	CK#				
			SUB-TOTAL		

TOTAL (If lest page of this schedule)

Page / of / (for Schedule A)

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.